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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of  
Peter K. Law

Patent No.: 7166279

Issue Date: January 23, 2007

Application No.: 09/986,344

Filing Date: November 8, 2001

: Art Unit: 1633  
:  
: Confirmation No.: 5167  
:  
: Examiner: Scott David Priebe  
:  
: Attorney Docket:  
: LAW.020.0004.PC

For: MYOBLAST TRANSFER THERAPY  
FOR RELIEVING PAIN AND FOR  
TREATING BEHAVIORAL AND  
PERCEPTIVE ABNORMALITIES

**SUBMISSION OF REVOCATION OF POWER OF ATTORNEY WITH NEW POWER  
OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

**Mail Stop: Post Issue**

P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

An attached, properly signed and dated revocation of power of attorney with new power of attorney and change of correspondence address is submitted for application serial number 09/986,344, now U.S. patent No. 7166279.

Please send all correspondence to the address associated with customer number 58789, as directed on the attached form SB/82.

Please contact Marvin Motsenbocker at 202-659-0100 if there are any questions.

Thank you.

Respectfully submitted,

Marvin A. Motsenbocker  
Reg. No. 36,614

March 15, 2007

1300 Eye Street, N.W.  
1000 West Tower  
Washington, DC 20005  
(202) 659-0100



PTO/SB/82 (01-96)

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|--|------------------------|--------------------|
| <b>REVOCATION OF POWER OF<br/>ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | Application Number     | 09/986,344         |
|  | Filing Date            | 11/08/2001         |
|  | First Named Inventor   | Peter K. LAW       |
|  | Art Unit               | 1633               |
|  | Examiner Name          | Scott David Priebe |
|  | Attorney Docket Number | LAW.020.0004.PC    |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

58789

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
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OR

☐ Firm or  
Individual Name

Address

City

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Peter K. LAW

Date

3/14/07

Telephone

1-905-608-2021

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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